



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Gabriele LUALDI et al.

Serial No.: 10/627,686

Examiner: Brian Pellegrino

Filed: July 28, 2003

Art Unit: 3738

For: FEMORAL PROSTHESIS FOR HIP ARTICULATION

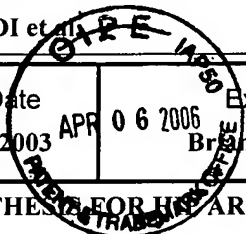
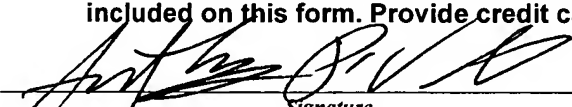
**AMENDMENT AFTER FINAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the final Office action of January 6, 2006, please amend the above-identified application as follows:

AF/IFU

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>					Docket No. <b>APV31644</b>	
Applicant(s): <b>Gabriele LUALDI et al</b>						
Application No. <b>10/627,686</b>	Filing Date <b>July 28, 2003</b>		Examiner <b>Brian Pellegrino</b>	Customer No. <b>24257</b>	Group Art Unit <b>3738</b>	Confirmation No. <b>4591</b>
Invention: <b>FEMORAL PROSTHESIS FOR HIP ARTICULATION</b>						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	20 -	26 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>19-4375</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: <b>April 6, 2006</b>			
<b>Anthony P. Venturino    Reg. 31,674</b> <b>STEVENS, DAVIS, MILLER &amp; MOSHER, LLP</b> <b>1615 L Street N.W., Suite 850</b> <b>Washington, D.C. 20036</b> <b>Tel: 202-785-0100</b> <b>Fax: 202-785-0200</b>			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on  _____ (Date)			
CC:			_____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence			